

## The Environment of Addiction and Resolution

While the pharmacological properties of alcohol and various other drugs play an important role in addiction, use that results in dependence is heavily influenced by one's unique set of personal characteristics and environmental circumstances. Age, gender, socioeconomic status, mental health status, and a range of other conditions are all factors that converge with use and potential dependency. Similarly, these same factors can have a major influence in determining an appropriate course of intervention, a strategy that will have a higher probability of succeeding than other strategies. This chapter will identify the personal and environmental factors as well as drug-specific considerations that warrant attention as one contemplates recovery.

## Personal and Environmental Factors

### *Severity of Problem*

Severity of the problem could be the single most important factor in determining what kind of action needs to be taken. If you are considering doing something about your use of substances, you probably have some indication of the severity of your problems.

Treatment providers conduct various kinds of assessments with substance abusers to determine their degree of severity. Such assessments typically take the form of questionnaires that are completed through face-to-face interviews between the problem user and agency staff. These assessments generally include questions that pertain to the type and extent of use and to what degree use is affecting other areas of one's life, such as work, family, relationships, health, and the like. Before initiating agency-based recovery efforts, there are two important issues around agency-based assessments that you should consider. The first is that the accuracy of an assessment for severity of the problem very much depends on the honesty of the substance user during the assessment process. Many persons underreport the extent of their use and related problems. Second, some assessments can be self-serving for the agency where the process is taking place; the severity of use may be determined at a level that meets the requirement for admission to the program where the assessment happens to be done. If you feel that you need a professional assessment and have resources to do so, we recommend an independent assessment with a treatment

professional in private practice. Let the practitioner know that you are primarily interested in an independent assessment. In many cases, a comprehensive and accurate assessment will take more than one session. If you do not have the resources for an independent assessment, talk with the staff at the agency you select so they can address any concerns you may have about the process.

Regardless of how severity is determined, it is the factor that will most dictate the course of appropriate intervention. Treatment can be conceptualized as being on a continuum from least intrusive to most intrusive, with least intrusive including such strategies as educational sessions or what is referred to as brief interventions and what we refer to in the second half of this book as “natural recovery.” On the other end of the continuum exist long-term residential programs, including therapeutic communities. This continuum of options would also include self-help group; 12-step groups, as well as the alternatives to 12-step groups discussed in chapter 5.

### *Level of Motivation*

Just as severity of the problem is the most important consideration when deciding what course of action needs to be taken, the level of one’s motivation to change can be one of the best predictors of success. Being motivated to change can be especially difficult for persons who reap precious benefits from using and see little reward in stopping. Those who derive significant meaning in life, escape harsh physical and

emotional realities, and others who meet important human needs through substance use will likely find stopping especially unappealing.

While it would be ideal for a person's level of motivation to be exceptionally high, this is generally not the case, nor does it have to be. The truth is that for nearly all there is some degree of ambivalence at the outset. However, for change to occur, the seeds of motivation must be present, where ambivalence can gradually be supplanted with resolve. Many persons enter and complete some of the most comprehensive inpatient residential treatments available, but make little progress toward quitting because the desire to do so simply is not there or is not cultivated.

If you are the person in need of help, you know how much you want and do not want to change. If you are assisting someone else, determining their level of motivation to quit can be difficult; many persons will say that they want to change but, deep down, they really do not. You can get a sense of one's level of motivation simply by being alert to behaviors that are consistent or inconsistent with someone wanting to change. For example, if the person you are assisting initiates discussions about changing or follows through on suggestions made about beginning the process, chances are that he or she really does want to change. On the other hand, if the person avoids such discussions or does not respond to advice, the level of motivation is likely to be much lower.

Treatment programs vary in the amount of attention they give to a client's level of motivation. However, regardless

of the path out of addiction that is taken—be it treatment, self-help groups, or self-resolution—the importance of wishing to alter one's relationship with substances cannot be overstated.

### *Gender*

Gender is also an important consideration for determining an appropriate course of intervention. While there are a number of commonalities between how men and women experience chronic use of alcohol and other drugs, there are also a number of distinct differences that should be understood. For example, the physiological damage that is often associated with long-term use occurs more rapidly with women and is also generally more severe. Because of the different expectations that our society holds of women, there can be an enormous amount of shame and guilt that women shoulder because of heavy use. Women who become entangled in the street subculture of illicit drugs like heroin and crack cocaine use can encounter traumatic and demeaning experiences trying to maintain their habits. And, of course, women with children have specific needs to consider as they think about treatment. Because of these and a host of other gender-specific factors, providers must approach treatment of women and men differently.

It is only recently that the treatment community has begun to give serious attention to these differences and to shape their programming in response. Unfortunately, this response has been slow and in some places is even nonexistent.

There are too few treatment slots for addicted women with children. Too often, programs still continue to rely on approaches designed for men, or they use insensitive, counter-productive techniques inappropriate for women's unique treatment needs. Some women also find the leadership, structure, and philosophy of 12-step groups inappropriate for them, given their past experiences and feelings about what transpired in their lives during periods of heavy alcohol and drug use. When exploring treatment options for women, be sure that these and other unique issues that confront them are given special attention by the treatment program under consideration.

### *Age*

While age might be seen as a rather obvious factor that should be thought about when deciding what to do about a serious alcohol or drug problem, an inordinate number of treatment programs are designed for adolescents that essentially model their activities after adult programs. It is also not unusual in adult programs to have nineteen- and twenty-year-olds in group therapy sessions or in 12-step meetings with persons in their fifties and sixties. Many of these programs are unrealistic and perhaps even dangerous for young people. Age and age variability are important factors that are given different levels of attention across different programs.

Because of what is known about biopsychosocial development among humans and the related challenges that exist across the life span, we know that there are striking

differences between the treatment needs of adolescents, adults, and older adults. For example, there might not be much difference between the treatment needs of, say, a thirty-five-year-old and thirty-nine-year-old; however, there is a critical difference between the treatment needs of a fifteen- and a nineteen-year-old. Similarly, in some cases substance-using behaviors of adolescents, particularly alcohol and marijuana experimentation, may indicate a potential problem; yet, it might also be attributed to normal developmental processes that the individual will outgrow naturally after some time.

At the other end of the continuum, the fact that older adults tend to metabolize alcohol and other drugs at a much slower rate than the young could indicate different levels of physical damage with the same amount of use. Many of these older individuals also develop problems with substances after significant losses in their lives, including retirement, whereas, younger persons tend to use and subsequently run into difficulty with substance misuse for different reasons. The key point here is that although age might appear to be an obvious factor that treatment programs consider when developing their treatment activities, attention to age-specific demands may or may not exist within a program. If the person seeking help is young or substantially older than others in a particular program under consideration, be sure that treatment responds to his or her age-related needs. Additionally, as a rule, we suggest that adolescents not be placed in programs that primarily treat adults.

*Ethnicity*

Ethnicity is another important consideration for substance-dependent persons seeking help because one's ethnicity in the United States is such a critical element of who a person is. Ethnicity plays a major role in determining one's values, beliefs, and behaviors. Yet the importance of ethnicity in determining an appropriate course of action for alcohol- and drug-dependent persons has received little attention from researchers. The little research that has been done in the area has not resulted in broad-base changes within the treatment community.

Given this state of affairs, here are a few things to consider, particularly if you are a member of an ethnic minority group. Addiction treatment in the United States as an enterprise emerged with white males as its primary client base. Alcoholics Anonymous, the template of all 12-step groups, also began with a similar orientation. While both treatment and 12-step programs have served many women as well as people from various ethnic backgrounds, most have done so and continue to do so from a white-male worldview of reality. This orientation is not one that continues out of malice or even insensitivity to the needs of members of other groups. The challenge of operating from a more multicultural framework (a much more complicated task) is often too complex and overwhelming for the ordinary treatment agency to meet.

If you or the person needing help is a member of an ethnic minority group, it is important to know that the world of



treatment is confronted with the same kinds of challenges around race faced by the larger society. The different realities that emanate from distinct norms and customs that members of these groups bring to treatment can be very difficult for treatment providers to understand and value. Some programs are experimenting with culturally specific interventions, but most have not responded to the unique needs of African Americans, Hispanic Americans, or Native Americans, for example.

There are some treatment programs that specifically cater to various groups and utilize culturally specific interventions, but such programs, like other innovative programs, are not widely accessible. As is the case with alternative self-help groups, what little is available is likely to be in large urban areas. If you or the person seeking help is a member of an ethnic minority group and seeking help from an organization that typically does not serve that group, ask its treatment staff about their ability and limitations to respond to such ethnic difference. While the subject of ethnicity is not widely discussed by treatment providers or in recovery meetings, it is one that we see important enough to bring to your attention.

### *Employment Status*

Very often, substance misuse interrupts employment or at least adversely affects it in important ways. Persons may lose jobs, quit jobs, or have their employment threatened if something is not done about their substance abuse problem. Even

when job performance is not severely compromised by one's substance misuse, many persons employ quitting strategies such as geographic relocation or entering treatment that necessitate quitting their jobs. Most persons planning to do something about their addiction, particularly if the choice is formal treatment, will need to consider how to manage their job situation. Should they reveal to their employer what their plans are? Will they need to take a leave of absence, and is that possible? Can they undergo treatment and simultaneously keep their jobs? Can they work on a reduced schedule to accommodate treatment requirements? How will undergoing treatment affect their job and how will they be perceived by others upon completion of treatment? These and a number of other questions may need to be pondered by those in the workforce who plan to enter treatment.

At the other end of the spectrum, there are persons who are substance dependent but unemployed or only marginally employed. Employment is generally more of a concern for them once they complete treatment. One of the major risk factors for such persons returning to substance misuse is the idle time that comes with being out of work. Some treatment programs do a pretty good job of connecting clients with community resources to respond to their clients' various employment needs, while others do not.

Whether one has stable employment, sufficient education or vocational skills to secure employment, or whether one is barely employable, another factor to consider around employment relates to the meaningfulness of the work one does. People who return from treatment to a boring job

might find their cessation efforts threatened by monotonous, unfulfilling work. While most people's lives would probably improve if their jobs were more fulfilling, this fact is particularly important to consider for those who have lived in the world of alcohol and drug addiction. So, as you plan a course of action, consider the implications of employment-related issues and how they might influence your decision about what to do.

### *Education*

One's level of education is very much related to one's employability and the capacity to maintain employment options. However, the role of education in determining an appropriate course of intervention for a substance misuse problem is often overlooked. Some approaches to addiction employ strategies that require certain levels of literacy in order to participate and complete their program. Some brief interventions and programs that utilize information sharing in the form of reading materials require a minimum level of literacy. Introspective types of psychotherapy that rely heavily on one's mastery of language to express feelings tend to have better success with those who have higher levels of education.

On the other side of the coin, some treatment programs over-rely on simple canned techniques that do not adequately engage those accustomed to more complex ideas. Many long-term residential programs, particularly therapeutic communities, utilize much of the language of the streets

to communicate educational and therapeutic subject matter to their clients. Professional persons or others with high levels of education might find use of this type of language to convey treatment concepts problematic, and even offensive.

While many highly trained professionals are employed in treatment settings, the bulk of the staff often consists of persons "in recovery." Some of them also have advanced educational credentials, though many do not. For the well-educated person who may be paying thousands of dollars for treatment, such differentials can be troubling.

### *Health Status*

The deleterious impact of addiction on the health of some users can be an extremely serious matter. Persons develop problems with substance abuse by medicating illness and injury as well as the emotional difficulties they experience. People also develop health problems that are a result of their chronic use of alcohol and other drugs. Many people with long-standing dependencies develop a range of health problems, some quite serious. While there is a great deal of public awareness about the relationship between HIV through needle sharing and unsafe sexual practices, most persons are probably oblivious to the current epidemic of hepatitis C and the increase in other serious blood-borne diseases.

Most persons are even unaware of the health problems associated with long-term use of common legal drugs like alcohol. For example, chronic use of alcohol can result in a host of health problems that range from the mild to the acute

and include such conditions as high blood pressure, ulcers, pancreatitis, and cirrhosis of the liver. In fact, many are referred to treatment facilities by health-care professionals who see them in emergency rooms and hospitals for a variety of illnesses and injuries. Not all, but many persons with extensive histories of substance abuse have neglected their dental hygiene to the point that they have also developed serious dental-related problems that require medical care. Not to be ignored in any discussion about health and substance abuse is the high rate of coexisting tobacco dependence among substance abusers. Health-related problems from tobacco use results in about half a million deaths a year in the United States.

Some treatment programs do a better job than others with problem users who require medical attention. Some facilities actually have medical professionals on staff and on site. However, many other facilities are not equipped to handle persons with even mild health problems or those that require only minimal medical attention. Also to be considered is that standard activities in some programs require a level of mobility and health to fully take advantage of what a program offers. Those that include strenuous physical exercise as an integral part of their treatment would be such an example.

In Part Two of this book, where we discuss strategies for recovery without treatment, we suggest that persons who plan such an approach first get a thorough physical examination before proceeding. Such an examination will dictate what can and cannot be considered as cessation strategies. The same holds true for those leaning toward formal treat-

ment. Certain health-related conditions can have a great deal of influence on what treatment options should and should not be considered. And, if the facility does not offer a comprehensive physical examination as part of its treatment, the person needing help should secure this service independently.

### *Mental Health Status*

Concerns about mental health are similar to those about physical health and can be a critical element in a substance dependency situation. People can develop problems with substances because of compromised mental health and, conversely, mental health problems can be the result of excessive substance abuse. There is a good amount of research that suggests that preexisting mental health disorders play a major role in problematic use of alcohol and other drugs and some patients become habituated to using them. Some studies suggest that an alarming percentage of women who use street drugs such as heroin and cocaine are victims of sexual and physical abuse. The unfortunate reality is that mental health problems can impair your ability to employ strategies that will help you quit even when the desire to stop is sincere.

Use of certain types of drugs, particularly for long periods of time and in large quantities, can put one at risk for serious mental health problems. For example, chronic use of some hallucinogens may result in anxiety disorders and severe psychoses. Extended years of heavy alcohol use can lead to permanent loss of memory and severe brain damage. The toxic compounds in aerosol sprays, glue, gasoline, and other

volatile substances that constitute the inhalants can lead to brain damage.

Mental health difficulties among problem users represent a tremendous challenge for treatment professionals. As in the case of medical examinations, some programs provide thorough mental health assessments as part of their treatment. However, simply conducting a mental health assessment does not necessarily mean that an appropriate course of mental health treatment will follow, or if it does, that it will be effective. Unfortunately, some mental health disorders can baffle even highly trained professionals with years of experience.

Although there is still much to be done, at least now there are programs designed specifically to address coexisting mental health and substance abuse problems. Often referred to as dual diagnosis programs, and becoming more widely available in most areas, they represent an attempt to respond to the complex issue of mental health and substance abuse. Substance abusers with discernible mental health problems should explore such treatment. Where dual diagnosis programs are not available, the staff will need to coordinate appropriate mental health services.

In terms of compromised mental health, also be advised that those with active severe mental health disorders will likely be poor candidates for self-help group participation. Also know that withdrawal from or quitting long-term use of most mind-altering drugs typically produces uncomfortable emotional states such as depression, anxiety, agitation, poor concentration, and the like. Do not confuse these temporary states with permanent mental health disorders. This

kind of naturally occurring uneasiness eventually fades. Of course, if such conditions persist, more serious mental health problems could be present.

### *Resources*

Just as the severity of the problem may be one of the most critical factors that determine what *should* be done, the level of one's resources will be the major factor that determines what *can* be done. After reading this book, and perhaps after consulting others, you may decide that the best course of action would be to enroll in a particular form of treatment. Similarly, you may also decide that entering formal treatment at this time would be an ill-advised choice and that self-recovery is a more promising path to pursue. Your ability to fully implement either of these alternatives will depend on whether or not you have the resources to do so.

The kinds of resources that may be required in these situations are of three principal types: (1) resources to pay for the type of strategy decided upon, (2) various personal characteristics that can be seen as resources, and (3) social resources needed to support a change effort. Even when persons choose self-recovery, our research has shown that these three kinds of resources play a pivotal role in one's ability to successfully overcome serious problems with alcohol and other drugs. Chief among the first type of resource mentioned is money—plain and simple—or other financial assets that can be quickly converted to it. Money may be needed to pay for the special kind of services that you have determined



will give you the best chance of getting desired results. In a real sense, insurance or managed care coverage represent money for treatment. However, such treatment may not be covered or it may only be partially covered.

Good examples of personal characteristics that can be important resources include physical health, mental health, level of education, and employability. These can serve as critical assets that go a long way toward increasing the probability of success.

A more intangible resource, yet one no less important, is social support. This kind of support may come from significant others, family, friends, and, very often, coworkers. For people in treatment, support from these important persons is an essential ingredient for success. Sometimes, substance-dependent persons have become so estranged from family and others who could provide valuable social support that it is difficult to draw upon them as resources. In other cases, significant others, family, and friends are so entangled in substance abuse themselves that they represent deficit relationships rather than assets that can help the process to quit.

Irrespective of what your choice for change is, these resources, or lack of them, will determine which options are available to you and which are not.

### *Social-Environmental Factors*

Closely related to the social supports discussed above are social environmental conditions within which the substance-using person lives. As discussed elsewhere in this book, those

whose lives have become completely immersed in the street drug subculture, with its attendant criminal activity, violence, and deviant lifestyle, have a different kind of challenge than those who are able to successfully straddle both the conventional and the drug-using world. Those who live in and are able to continue to function reasonably well in an environment that does not condone heavy substance use have a distinct advantage over those who do not. Persons who live in communities where heavy alcohol use and illicit drug use are integral pieces of the fabric of the community may face more difficulty than those from neighborhoods where such activities are largely absent. Those who have been in and out of prison because of drug-related activity, will have different obstacles to overcome from those who have never been incarcerated.

Whether or not someone is a parent and how he or she is able to manage parental responsibilities is an important consideration. Is the person an active or inactive member of a church, synagogue, mosque, or other faith-based organizations? Is he or she enrolled in school? Is he or she involved in hobbies or activities beyond those associated with alcohol and drug use? Does his or her social network consist of using as well as non-using friends, and how close is his or her connection with each? To what extent does use of alcohol or other drugs play an active role in his or her daily life? Is the person at risk for physical abuse or other dangers? These are only a few of the considerations you need to make regarding the user's social environmental conditions before taking an appropriate course of action.

## Types of Drugs Used

Mind-altering drugs of abuse are often classified into five or more categories, according to their pharmacological similarities. Drugs within these various categories affect people in very different ways and require different considerations when problems develop from using them. Some of these drugs do not fit neatly into one specific group, while others could be classified into more than one category. For example, heroin, alcohol, and nicotine can have both stimulating as well as sedating effects on the user. Below, we identify these major categories of drugs, give a brief description of their effects, and point out some of the key issues a person should consider when pursuing change.

### *Depressants*

Depressants (also referred to as sedative-hypnotics) tend to depress the central nervous system and induce drowsiness. They include alcohol, barbiturates, mild tranquilizers, and other drugs that produce sedating effects. One of the principle concerns about the most frequently used drug in this category, alcohol, is that it is a legal drug and widely available to the adult public. This easy access presents a unique challenge for society and for those who want to quit. Many of the other drugs in this category are also obtained legally through prescriptions from health-care providers. Because of the legal status of these drugs, the severity of dependency can be underestimated. Abrupt withdrawal from large quantities

of depressants can pose serious risks for seizures, comas, and, in some cases, even death. Although many people gradually wean themselves off these drugs, we recommend medically supervised detoxification for chronic users or for those taking large quantities of drugs in this category. In most communities there are generally public as well as private detoxification centers. Many are connected with hospitals and most are listed in the Yellow Pages of phone directories.

### *Stimulants*

Stimulants include amphetamines, methamphetamines, powder and “crack” cocaine, and many other drugs referred to as “speed.” These drugs increase energy, alertness, and motor activity. The caffeine in coffee and soft drinks is one of the milder forms of these drugs. One of the main concerns here is that obtaining drugs like cocaine and crack cocaine puts one into contact with the more dangerous world and the deviant values of the drug subculture. The more attached one becomes to that culture and the more disconnected from normal activities, the more difficult it can be to return to conventional life. Additionally, some of these substances are taken intravenously, thus suggesting possible exposure to blood-borne diseases like HIV and hepatitis through needle sharing.

Although it is not life threatening, withdrawal from powerful stimulants can result in extended periods of depression and lethargy. Many people return to using them simply to eliminate these unpleasant states. Persons who are at the initial stage of overcoming dependence on stimulants must

realize that while these states can be somewhat protracted, they are temporary and will pass with time. Those who plan to undergo treatment for stimulant dependence should expect treatment providers to respond to the implications of these extended conditions and be able to demonstrate an ability to effectively address them.

### *Opiates*

Opiates (also referred to as narcotics) include drugs such as opium, heroin, morphine, methadone, codeine, and a range of other natural and synthetic substances with opiate-like properties. Opiates are commonly used for the relief and management of pain. While opiates like heroin are generally purchased “on the streets,” one can legally obtain opiates by getting a prescription from a health-care professional; in some states, milder opiates can be found in over-the-counter medications. Like other classes of drugs, opiates can have both a sedating as well as a stimulating effect on the user. The same concerns that apply to illicit opiates like heroin also apply to cocaine; that is, regular use can put one at risk for contact with and immersion into the dangerous street subculture. And, while there has been an increase in sniffing or “snorting” and smoking heroin, particularly among the middle class, the principle mode of administration of the drug continues to be intravenous injection; hence, the increased risk of contracting diseases. An additional concern about use of powerful opiates is related to the very uncom-

fortable withdrawal symptoms experienced when someone tries to withdraw. While this discomfort is generally not dangerous, it can easily lead to resumed use, even when the intent to stop is genuine.

One of the most popular and widely available forms of treatment for opiate dependence is methadone maintenance. We caution against entering a methadone maintenance program too quickly. Methadone is a powerful, relatively long-acting synthetic opiate whose substitution for less potent opiates like heroin can lead to other problems, notably an extreme addiction to methadone. In some cases, dependence on heroin and other opiates is so severe that methadone maintenance is justified; however, in other cases, this substitution of addictions is not warranted. Three to four days of flulike symptoms from heroin withdrawal is a minor imposition when contrasted to several weeks of discomfort that can be associated with methadone withdrawal. Additionally, methadone maintenance programs can increase one's exposure to and acquaintances with others who use opiates like heroin, a situation that can hold its own potential risks for someone trying to quit.

### *Hallucinogens*

Hallucinogens include LSD, psilocybin, mescaline, PCP, and other drugs that alter visual and auditory perception. Reality and ordinary images may be mildly or grossly distorted when using these drugs. Hallucinogens can be found

in various kinds of plants or can be produced synthetically. An episode of use is often referred to as “trip,” suggesting a departure from reality. Although consumption of many of these drugs had decreased from their introduction in the mid to late sixties, there has been a discernible rise in their use in recent years among young people. Because of the powerful influence on consciousness produced by these drugs, use can sometimes produce panic attacks, psychotic reactions, and unpredictably hazardous behavior. Flashbacks may occur weeks and even months after use. Since there is no physical dependence that develops with most hallucinogens, detoxification is generally not required. The fact that many traditional programs tend to operate from the perspective that the client needs to demonstrate physical dependence is an important consideration in such cases and will likely preclude admission to most treatment programs. Without major adjustments to accommodate the unique situation of most hallucinogen users, conventional treatment or participation in 12-step groups can be of limited value.

Often the motivation to stop using these unpredictable substances is preceded by a “bad trip” or other negative experiences produced by the drug. While hallucinogen use can be very hazardous, it tends to be associated with youth, and use generally diminishes with age. Formal treatment for hallucinogen use is likely to be more appropriate for PCP or angel dust than for the other substances in this category. If formal assistance is needed, we suggest you seek someone in private practice who has experience with working with youth and hallucinogen users.

### *Cannabis*

Cannabis refers to marijuana and hashish. These substances have also been referred to as hallucinogens. While the sensory changes associated with the hallucinogens discussed above can be present with marijuana and hashish use, such alterations are typically milder. The euphoric effects of these drugs can include relaxation, enhanced sense of sight and sound, and an altered sense of time. Some users have reported paranoia and, to a lesser extent, panic attacks. Like most hallucinogens, cannabis use does not produce physical dependence for most. Similarly, the absence of physical dependence presents a challenge for the treatment community, with some providers only offering assistance for the most chronic cases of cannabis use or not offering treatment at all. Because casual nonproblematic use of marijuana is so widespread, both treatment providers and the general public often question the necessity of treatment.

Although marijuana is one of the most popular drugs, it is the one that is least understood. Like alcohol, many persons use the drug on occasion with no difficulty, while some, though significantly fewer, become chronic heavy users who actually experience discernible protracted withdrawal symptoms when they stop. Though treatment for marijuana use has typically been the province of adolescent programs, the increased potency of the drug has created concern in adult programs. Treatment that goes beyond a simple educational approach tends to be of the traditional disease type discussed in chapter 2 where persons



are encouraged to attend Narcotics Anonymous meetings during and after treatment. We see little rationale for approaching “pot smoking” in this fashion and encourage those who think that they need help to seek someone in private practice who has a deep understanding of marijuana use and a reasonable record of success with clients.

### *Inhalants*

Inhalants include a group of volatile chemicals that can be found in products such as glue, gasoline, aerosol paints, cleaning agents, and other toxic substances. Typically, the fumes from these substances are inhaled by the user and produce a euphoria similar to the effects of alcohol, including intoxication, reduced inhibitions, slurred speech, excitement, and a sense of floating, for example. These effects are of short duration, generally lasting between 15 and 45 minutes. While some adults use inhalants, most use occurs among teens. Inhaling these highly toxic substances has been found to be especially risky. Depending on the substance used as well as the duration of use, inhalant use has been found to be directly linked to a wide range of deleterious physical and mental conditions, including permanent brain damage. Because of widespread use among the young, treatment for inhalant use often occurs at programs that treat adolescents. Those who are contemplating adolescent treatment should be clear that the specific program they are considering is geared especially to unique

adolescent developmental needs and is not a mirror of an adult program.

Because of the high risk of brain damage from inhalant use, we encourage parents to seek assistance for their children as soon as possible. If your child's clothing smells like glue, gasoline, or solvents there might be cause for immediate action. Irreversible brain damage is substantially higher for those who have used for long periods of time than for those who are just experimenting. We suggest complete mental health and neurological examinations followed by inpatient monitoring to determine mental health stability.

### *Club Drugs*

Club Drugs include MDMA (ecstasy), Ketamine (special K), and a range of other drugs in various categories that are sometimes used at all-night dance parties (raves), dance clubs, and bars by young people. Ecstasy has recently received considerable attention from the public media. Both ecstasy and Ketamine can have hallucinogenic effects on the user; however, ecstasy will also produce stimulating effects, whereas Ketamine produces more dreamlike states. Some of the other club drugs such as Gamma-hydroxybutyrate (GHB) and Rohypnol (roofies) have sedating effects. Use of Gamma-hydroxybutyrate and Rohypnol have been implicated in some "date rapes." While there is disagreement about the harmful effects of MDMA, the more popular of these club drugs, reported increase in its use has

prompted concern from the National Institute on Drug Abuse. Again, as is the case of treatment for abuse of other substances among the young, these can be very challenging cases to deal with, particularly when many users feel that the negative consequences of taking some of these drugs are minor or nonexistent.

Because of the range of pharmacological effects of these various club drugs, it is inappropriate to pursue similar kinds of treatment for all users. We do recommend, however, that you consider the unique effects of different types of these drugs on the user if you are seeking help for yourself or someone else. For example, those who are chronically using a club drug that produces a powerful sedating effect should be mindful of our discussion on depressants and heed our cautions.

The categories of the drugs above probably include those with which you or the person you are assisting is having trouble. While all mind-altering substances have similar qualities, there can be distinct differences in the way they affect people in use and dependency. These differences can have important implications as one begins to think about an appropriate course of intervention. For example, drugs in some of the categories identified above do not produce physical dependence, yet most treatment programs are designed to respond to the needs of those who are both physically and psychologically dependent on drugs. Below we highlight other important considerations that are specific to the actual act of using these substances.

## Use Patterns

Thus far in this chapter, we have discussed how personal characteristics, environmental conditions, and use of different types of drugs are important factors to consider when planning a course of intervention for yourself or someone you care about. In this section we discuss how certain patterns of using these substances can also influence your decision about what to do. We give brief attention to three essential areas: how the drug is taken, the amount of use, and the level of involvement in the drug subculture.

### *How the Drug Is Taken*

The way in which a person takes a drug plays an important role in determining the pharmacological action of the substance on the body and, hence, how it is experienced by the user. It determines how fast and how much of the drug will reach the brain and the level of concentration it will have there. Similarly, the method of administration plays an important role in determining how quickly the substance is metabolized by the body and then leaves it. These factors come together to create the level of reinforcing properties, both physical and mental, that the substance holds for the user. The method in which drugs are taken may also indicate one's level of involvement with the drug and possibly the street subculture—all factors that can determine the severity of problem.

Of the popular methods of taking drugs, injecting them into the bloodstream is the quickest and most efficient way to get them to the brain in a concentrated form. It is also the most dangerous, since adverse affects are difficult to correct once the drug is injected. Swallowing drugs is the slowest and least efficient method. Inhaling is a relatively quick method but not as efficient as injecting. Many persons now smoke drugs other than marijuana, notably crack cocaine. Smoking is an inhalation method that produces quick results for drugs that can be used that way.

If you or the person your are attempting to help are regularly injecting drugs, chances are that you or that person has a fairly serious problem or will soon have one if injection continues. Indeed, many who swallow or inhale drugs often start injecting during the later stages of their addictions. While some people inject drugs without difficulty, most develop severe problems and require intrusive strategies to quit. The same applies to those who smoke crack cocaine—another difficult situation to reverse without extensive effort. Conversely, swallowing drugs can lead to dependency, but the reinforcing properties of swallowing are not as strong as those associated with injecting or inhaling. Of course, this does not mean that persons who swallow drugs do not experience serious cases of addiction (one need only recall the image of someone severely dependent on alcohol to know that this is not true), it simply suggests that those who inject or smoke drugs might develop more severe problems quicker.

### *Extent of Use*

How much, how often, and how long one has used alcohol and other drugs are also important to consider when attempting to determine the level of severity and how to proceed. Generally, frequent and extensive use of large amounts of most of the drugs discussed above will result in more severe dependency and related problems. This kind of problem user may benefit from more intrusive intervention, although more treatment does not naturally follow from heavier use. For those whose use is less extensive, less intrusive types of treatment should always be the first option. While one might see the relationship between the extent of use and the severity of the problem as simple common sense, surprisingly such distinctions are not given much attention by some treatment providers.

Chronic and extremely high levels of use may also necessitate close monitoring during detoxification from drugs that would not ordinarily require it. For example, while detoxification from opiates is generally not life threatening, it is wise to monitor those who are withdrawing from very high doses of methadone, particularly if the detoxification period is of short duration.

### *Level of Involvement in Drug Subculture*

While this discussion can apply to those who take drugs such as alcohol and prescription medications that are obtained through legal channels, it applies more to those who use

illicit drugs such as heroin, cocaine, and crack cocaine. As suggested earlier in this chapter, as persons become more involved in illicit drugs and more dependent on their use, they often drift from conventional relationships. Their friends and friendship network-change, their hangouts change, and their recreational activities are replaced with behaviors related to drug seeking, purchasing, and using. As they become deeper involved in these activities, these conventional relationships deteriorate while the drug-using circles and activities expand.

Persons with severe drug problems often become immersed in the street subculture to the point that conventional relationships and even conventional roles disappear. Some become completely estranged from family, quit or lose their jobs, and survive by becoming involved in the underground economy of drug dealing and street crimes. When this level of involvement exists, the problem is generally severe and the kind of life changes required will be extensive. This is especially true for those who have been involved in this underground drug world for many years. Conversely, a person who is using cocaine daily but still maintaining family and conventional relationships and managing daily responsibilities would likely benefit from a different, perhaps less intrusive, form of intervention.

## Conclusion

As you can see, there is a wide range of personal, environmental, and drug-use characteristics that you should con-

sider as you contemplate a course of action for yourself or someone you care about. While we have included those that we think are the most important to take into account, there are, no doubt, many other characteristics that may be equally important for you to consider that we have not discussed. The major point of this chapter is that the role of these different characteristics among substance-using persons is a major consideration that should not be ignored even though excessive drug use can affect people in similar ways. Overcoming an addiction necessarily must take into account these variations among persons. In the next chapter we discuss how you can determine whether or not the approach you are considering takes into account important differences.